

understand what we were doing, and worked with us. He now is a budget expert. That is good. From time to time, I am very glad we can take matters into his office and he understands it thoroughly.

With that, I yield the floor.

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT OF 1999—CONFERENCE REPORT—Continued

PRIVILEGE OF THE FLOOR

Mr. MOYNIHAN. Mr. President, I ask unanimous consent that Kyle Kinner, a presidential management intern with the Finance Committee minority staff, be granted the privilege of the floor during the consideration of this conference report.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MOYNIHAN. I have the great pleasure to yield 5 minutes to my friend from Illinois, Senator DURBIN.

The PRESIDING OFFICER. The Senator from Illinois is recognized for 5 minutes.

Mr. DURBIN. I salute Senator ROTH, Senator MOYNIHAN, Senator KENNEDY, Senator JEFFORDS, Senator HARKIN, and others who worked so hard on this Work Incentives Improvement Act.

A close friend of my family had a son who was mentally ill. This young man wanted more than anything to go to work. He knew if he did so, he would lose the protection of health insurance. So he was held back from that opportunity. I don't believe he was better for that. I don't believe America was better for that.

This bill addresses that challenge and says that as the disabled go to work, they will still be able to use Medicaid and Medicare to protect themselves with health insurance even as they earn some income. That is only just. It opens up an opportunity that currently is not there. I am happy to be a supporter of this legislation. I look forward to voting for it when it comes to the floor.

There is some reservation in my mind about the bill that is before us, not because of the provision I just mentioned, nor because of the extension of certain tax credits and benefits, but, rather, because of the language in this bill relating to organ donation.

This is the challenge we face in America. If you are an American grievously ill, in need of an organ transplant, your chances of survival depend more than anything on your address and how much money you have. You could be the most seriously ill person in some State in this Union and be overlooked and bypassed in favor of another patient in another State who is not as seriously ill and might be able to wait. That needs to change. That is certainly not a fair or American way.

The rules we are trying to promulgate to make that change have been the source of great controversy on Capitol Hill. It is sad when it comes to a

point where Members of the House and Senate are deeply involved in a debate over the availability of organs for donation to those who need a transplant to live.

In my State of Illinois, over the last 3 years, 97 people have died waiting for organ transplants at the University of Chicago. I see my colleague from the State of Pennsylvania, Senator SANTORUM, where 187 people died waiting at the University of Pittsburgh. My colleagues, Senator MOYNIHAN and Senator SCHUMER, know that 99 people died waiting at Mount Sinai in New York. In the last week alone, two people have died at one of the Chicago transplant centers because an organ did not become available.

If you are an American who needs a liver transplant to survive and you live in the following States, you have much less chance of receiving the transplant: Arizona, California, Colorado, Connecticut, Illinois, Massachusetts, Maryland, Michigan, New York, or Pennsylvania.

This is not a fair system. It is a system which cries out for justice and one that cries out for the politicians to step aside. Let the medical community find the best and most efficient way organs can move to the people who need them to live, instead of getting caught up in some special interest tangle here or political dogfight. It is sad that we are now in a situation on this bill where we have not resolved this contentious issue. I sincerely hope all parties will come together, and soon, to make certain that changes are made to make the system fairer. We know, by the people we represent, that this is literally a life-or-death argument.

Kathryn Krivy lives in Chicago. She runs the wellness clinic at the Northwestern Memorial Hospital. She is desperately in need of a new liver. She has developed primary biliary cirrhosis, a very rare autoimmune disease that is incurable. She has been on the transplant list in Chicago for over 2 years, but currently, because of the delay, she has decided to sign up at the Mayo Clinic in Minnesota because it is much more likely she can receive a transplant in a shorter period of time. She has the knowledge and the resources to make that decision, but many of the poorer people in America waiting for an organ transplant do not have that luxury.

We should not reach the point in America where something as basic as the gift of life, an organ donation, depends on your home address. That is exactly what has occurred. An estimated 66,000 potential organ recipients are waiting their turn. Only 20,000 will see an organ transplant this year. Nearly, 5,000 Americans will die each year, at least 13 every day, while awaiting organ transplants. Of those, it is estimated that 300 to 1,000 Americans, maybe up to 3 a day, might be spared if this system were fairer and were revised. Unfortunately, that is not the case.

Though this is an excellent bill which I support, I believe it is a sad commentary that we have reached this state of affairs. I hope in the next session of Congress we can bring justice to organ donation.

I yield the floor.

Mr. ASHCROFT. Mr. President, today the United States Senate completes its business for calendar year 1999 by passing two important bills: H.R. 3194—the final spending bill, and H.R. 1180—the Work Incentives Act, which provides new opportunities for disabled individuals to enter the work force and includes \$18 billion dollars in tax cuts. I am pleased to announce my support for both these bills.

The Chairman of the Senate Budget Committee has eloquently explained how this budget agreement keeps faith with the Republican pledge that no Social Security trust fund monies be used to pay for other government programs.

Last year, for the first since 1960—during the Eisenhower Administration—we balanced the budget without counting the Social Security surplus. Mr. President, for the first time in 39 years the government did not divert money from the Social Security Trust Fund to pay for other programs.

As a result of the spending plan pursued by this Republican Congress, which called for protection of Social Security, increased spending on education and defense, and reduction of the national debt, we have begun to put our fiscal House in order.

When I was elected to this body in 1994, the incoming 104th Congress inherited a projected four-year budget deficit of \$906 billion. Now, through the hard work and discipline of this Congress, the tables have turned. That actual four-year period produced a net budget surplus of \$63 billion—a turnaround of \$969 billion, just a shade under a trillion dollars. With the passage of the final FY 2000 appropriations bill, we will continue on that path, reducing our national debt by \$140 billion dollars in the current fiscal year.

Unlike last year's omnibus appropriations package that increased spending by almost \$14 billion, this Congress successfully obtained offsets for all of the President's new spending, including an across-the-board cut that will help eliminate government waste and excess. In addition, despite President Clinton's best efforts, the offsets do not include a tax increase.

At the beginning of this year, I said that the Congress' primary responsibility was to protect the Social Security surplus. With the passage of this budget, we have accomplished that goal. In addition, not only have we avoided a tax hike, but we have also given the American people an \$18 billion tax cut through the provisions contained in H.R. 1180—the Work Incentives Act.

I am pleased that the final bill includes over \$2 billion in additional education spending over last year and gives local school districts more flexibility in how they spend that federal

assistance. The appropriations bill also contains an increase of \$1.7 billion for veterans spending above President Clinton's request, as well as an increase in funding for national defense that includes a boost in pay and benefits for our soldiers, sailors, and airmen.

But this bill does not just fund these important priorities, it also provides real cuts in government waste and abuse. The legislation includes a 0.38% across the board reduction that is essential to maintaining our fiscal discipline and protecting Social Security.

Included in this package are provisions to address some unintended consequences of the Balanced Budget Act of 1997 to protect Medicare recipients and providers. This bill includes \$16 billion over 5 years to ensure that senior citizens can continue to receive quality health care.

These Medicare changes will help Medicare patients in hospitals—particularly rural, teaching, and cancer hospitals—skilled nursing facility residents, home health care recipients, and seniors who wish to receive their health care through the innovative Medicare+Choice program rather than through the conventional fee-for-service mechanism. I have traveled around Missouri and heard from countless doctors, patients, nurses, and other health care providers about the necessity of these changes. These provisions are good for the seniors in Missouri and across the Nation.

The package also provides for State Department Reauthorization, including language I authored that requires the State Department to publish a report documenting American victims of terrorist attacks in Israel, Gaza, and the West Bank.

In addition, the almost 400,000 Missouri households that are satellite television viewers will be pleased that this bill includes language that will allow them to continue receiving local programming. The Satellite Home Viewer Act will give real price competition and choice in video programming to all Missourians.

Finally, Mr. President, I am pleased that unlike last year, when we lumped all the bills together, allowing \$14 billion in extra spending into one package, this year we finished our work on each of the bills, and negotiated each bill on its individual merits. While this bill is an omnibus package for procedural reasons, it was not negotiated as an omnibus package. Every provision was negotiated according to regular order, and as a result, we were able to succeed in our goal of protecting Social Security.

Mr. WELLSTONE. Mr. President, I rise to support this conference report and I say, Mr. President, that I am very happy to have been an original cosponsor of the Work Incentives Improvement Act of 1999.

People all across Minnesota who have contacted my office know the importance of the Work Incentives Improve-

ment Act and how it will further expand the possibilities opened up by the Americans with Disabilities Act which was enacted in 1990. Thanks to the ADA, many people with disabilities in Minnesota and around the country are working, but others still cannot accept jobs because they would lose their health care coverage. This Act will allow them to fulfill their dreams for employment and to be productive citizens.

This legislation has enjoyed overwhelming bipartisan support—with 79 Senate cosponsors. It would make it easier for those receiving disability benefits through Social Security programs to go to work without losing their Medicare or Medicaid health benefits. The legislation also encourages the disabled to seek paid employment by gradually reducing their cash benefits as income increases, rather than cutting them off completely.

Let's look at the current situation for disabled individuals who seek employment and require health insurance coverage. For some of these people, employer-based coverage is unavailable because they are self-employed or because their disabilities prevent them from working full-time. For others, coverage is unaffordable because of copays and co-insurance for repeated, ongoing treatments. For those offered affordable employer insurance, these plans generally cover only primary and acute care, not the specialized medications, equipment, supplies and other long term care needs that individuals with disabilities unfortunately require.

Last year, in the Spring of 1998, the Minnesota Consortium for Citizens with Disabilities surveyed 1200 Minnesotans who have disabilities and found the vast majority were ready to go to work if their current health care benefits remained intact.

Here are two examples from Minnesota:

Let me tell my colleagues about Steve. Steve is a middle-aged adult with advanced Limb Girdle Muscular Dystrophy. He is married, has two grown children, and owns his own home in rural Minnesota. As the manifestations of his condition progressively worsen, Steve has struggled to remain self-sufficient as long as possible using all of his personal resources. Steve's desire to remain an independent contributing member of society is evident in his efforts to develop the skills that enable him to work from home in a computer-based business. Steve is on SSDI making him eligible for Medical Assistance that pays for his health care needs. He is growing weaker and cannot afford to lose his medical assistance eligibility. Steve has a fledgling publishing business; ghost-writing and copy-writing. He crafts sales ads and creates direct mail advertising packages. Steve uses the Internet to market his services. He uses his website as a forum for other authors to advertise their books. He sells space as one would a classified ad. Steve is be-

coming involved with e-bay auctioning focusing on books—first editions and autographed copies. Steve says the Work Incentives Improvement Act is his only opportunity to become financially independent. "If a person in my position is at risk for all of the medical expenses that one could incur, that is a big incentive not to try to get ahead. I still have my pride, my ego, the desire to rise above."

Another Minnesotan whose story I would like to tell is Jean. Jean is in her mid-forties and has had Charcot-Marie-Tooth Disease since early childhood. Her muscles have wasted away from her elbows to her finger tips and from her thighs to her toes. She has trunk weakness and uses a power wheelchair for mobility. Jean works in an office as a clerk-typist using a pencil held between her two hands to strike the computer keys and a trackball to navigate her computer. Jean's career is limited by not being able to accept raises, declining wage rewards for the continuing education and skills she has gained, because if she accepted these well deserved raises, she would exceed Supplemental Security Income's (SSI) earnings threshold of just \$500/month and lose her eligibility for medical assistance. "It just seems unfair that people with disabilities don't have the same opportunities to advance in their careers. Why can't we earn enough money to live in a house? To purchase a van with a lift? To travel?"

These are but two of the thousands of disabled Americans who, with guaranteed continued health care coverage—coverage they already have—would be able to lead more productive lives, productive for themselves, for their families and for their communities. In my state there are not enough workers to meet the needs of Minnesota employers, and I know it is also the case in many communities around the country. According to the Disability Institute, in 7 years Minnesota will need 1 million new workers. The Work Incentives Improvement Act will help match the needs of Minnesota's disabled community with Minnesota employers. That is what I call a real win-win situation.

When President Bush signed the Americans with Disability Act in 1990, he noted that when you add together all the state, federal, local and private funds, it costs almost \$200 billion annually to support people with disabilities—to keep them dependent. The ADA was the first giant step forward to allow Americans with disabilities to be independent. The Work Incentives Improvement Act of 1999 which we have before us today is another giant step along the same path, and today I am happy to say that we will be taking that step.

Mr. FRIST. Mr. President, yesterday, the House and Senate Conference Committee reached agreement on the Ticket to Work and Work Incentives Improvement Act of 1999, which addresses

a fundamental inequity for individuals with disabilities.

As a heart and lung transplant surgeon, I witnessed unfair discrimination against patients with disabilities. After a successful transplant, several of my patients were faced with a serious dilemma. They had to choose between keeping their health insurance coverage or returning to work. Under current law, if these patients choose to return to work and earn more than \$500 per month, they lose their disability payments and health care coverage provided through Medicare and Medicaid as part of their Social Security Disability Insurance (SSDI). This is health care coverage that they simply cannot get in the private sector, as it is extremely difficult for individuals with severe disabilities to obtain coverage due to their medical history.

Let me illustrate the profound impact this dilemma has had on our disabled Americans. Today, the unemployment rate among working-age adults with disabilities is nearly 75 percent. Only 7% of disabled Americans—318,728 of the 4.2 million non-blind individuals with disabilities—were working in 1997, according to the General Accounting Office. Many persons with disabilities who currently receive federal disability benefits, such as SSDI and Supplemental Security Income (SSI), want to work; however, less than one-half of one percent of these beneficiaries successfully forego disability benefits and become self-sufficient. If disabled individuals try to work and increase their income, they lose their disability cash benefits and their health care coverage. The loss of these benefits is simply too powerful of a disincentive to return to work.

In addition, more than 7.5 million disabled Americans receive cash benefits from SSI and SSDI. Disability benefit spending for SSI and SSDI totals \$73 billion a year, making these disability programs the fourth largest entitlement expenditure in the federal government. If only one percent—or 75,000—of the 7.5 million disabled adults were to become employed, federal savings in disability benefits would total \$3.5 billion over the lifetime of the beneficiaries. Removing barriers to work is not only a major benefit to disabled Americans in their pursuit of self-sufficiency, but it also contributes to preserving the Social Security Trust Fund.

This legislation is critical to the health and well-being of our disabled Americans. It will create new opportunities for individuals with disabilities to return to work while allowing them to maintain their health insurance coverage and disability benefits. In particular, this bill expands new options to states under the Medicaid program for workers with disabilities; continues Medicare coverage for working individuals with disabilities; and establishes a ticket to work and self-sufficiency program.

I would like to thank Senator JEFFORDS for his leadership on this critical

issue. I would also like to thank Senators LOTT, ROTH, MOYNIHAN and KENNEDY and their House colleagues for their dedication toward reaching consensus on this important legislation.

Mr. KOHL. Mr. President, I rise today in support of the Work Incentives Conference Report. As my colleagues know, this conference report contains a number of items that have been joined together in order to accommodate the end of session schedule, and I would like to offer brief comments on several of those items.

With regard to the tax portion of the conference report, I am in support of the compromise that was reached to extend the expired tax credits. Earlier this year, I supported an ambitious tax relief package which extended the credits and contained my child care tax credit and farmer income averaging relief provisions, as well as targeted tax measures to help Americans pay for education and health care and to expand the low-income housing tax credit. Hardworking American taxpayers created the budget surplus, and a significant portion of that surplus should be returned to them, allowing them to keep more of their own paychecks and helping them plan for their future. It is my hope that when we return in the spring, we will rise above partisan concerns and achieve bipartisan progress towards comprehensive tax relief, as well as the challenge of reforming both Medicare and Social Security. And we must do so while continuing our vigilance in protecting the balanced budget gains of recent years.

But for today we will content ourselves with the limited extenders package before us. The research and development tax credit promotes innovation and enhances the competitiveness of American business. The work opportunity and welfare-to-work tax credits continue the partnership between the public and private sector to move those in need of a helping hand off of public assistance and into the workforce. I am also pleased that this tax package preserves eligibility to important tax benefits, such as the child tax credit, by protecting against the encroachment of the alternative minimum tax. While I am concerned that the conferees did not offset fully the costs of these provisions and would have preferred a final version along the lines of the bipartisan, and fully offset, Senate bill, this package is modest and urgently needed. It deserves our endorsement.

I am extremely pleased that we are finally taking the final step to enact the Work Incentives Improvement Act into law. I cosponsored this legislation because I believe strongly that it will have a tremendous impact on the lives of people with disabilities.

Currently, over 9 million people receive disability benefits through the SSDI and SSI programs. Only 1/2 of 1 percent of SSDI beneficiaries, and only 1 percent of SSI beneficiaries ever return to work. Yet we know that many—in fact, the vast majority—of

people with disabilities want to work. In study after study, people with disabilities report that the single biggest obstacle to returning to work is the loss of health care benefits that often comes along with their decision to work. Many do not have access to employer-based health insurance and find policies in the individual insurance market prohibitively expensive. Therefore, disabled beneficiaries who want to work are faced with the choice of returning to work while risking their health benefits or forgoing work to maintain health coverage.

This is simply unacceptable. People with disabilities deserve every opportunity to live healthy, productive lives, and we should encourage and support their efforts to work by ensuring that they continue to have access to the health care services they need. I am pleased that the Work Incentives Improvement Act accomplishes that goal. This bill will ensure that millions of people with disabilities have the opportunity to work if they are able—without the fear of losing the health insurance coverage they need in order to live healthier lives and to succeed in their work. I want to commend the bipartisan efforts of Chairman ROTH, Senator MOYNIHAN, Chairman JEFFORDS, and Senator KENNEDY, in making this bill a reality.

Again, I regret that end-of-year pressure has forced us to combine so many unrelated provisions into a single bill. However, I support the conference report for the reasons I have just stated, and I urge my colleagues to vote for its adoption.

Mr. ALLARD. Mr. President, it is with great reluctance that I vote for the Work Incentives Act Conference Report.

A particular provision, Section 408, has been added to this important piece of legislation at a date too late to make further changes. Section 408 was introduced in the House, included in the Conference Report, but never debated in the Senate. I am a cosponsor of the Senate version of this bill.

In an effort to finish the first session of the 106th Congress we have had no time to sound our concerns and make due changes. Section 408 extends the authority of state Medicaid fraud units. Not only would this provision mandate more federal control over what has been historically governed by the states, it also calls for investigation and prosecution of resident abuse in non-Medicaid board and care facilities. This provision allows the federal government unprecedented control over the quality of care in private institutions. This is yet another example of government authority exceeding its' boundaries. I have always been a supporter of state's rights and less government control and I feel these regulations are best promulgated by the states. Certainly they should not be promulgated in the final days of the session.

It is my opinion that we must reduce the amount of federal government regulation and not further impede the rights of care providers and state officials to monitor private industry. I make an effort to examine all pieces of legislation to ensure that the end results is objective and does not further burden individuals with undue regulation.

Again it is with great reluctance that I vote for this act. The changes made in the Conference Report at this late date are onerous and threaten the sanctity of private health care providers.

Mr. LIEBERMAN. Mr. President, I rise to express my support for the tax extenders package included in the Work Incentives Act conference report. In the context of our current budget situation of a small projected on-budget surplus for FY 2000, I believe this tax package strikes an important balance between fiscal responsibility and tax relief.

Although I would have preferred a fully offset tax package, I am pleased that the bill is fully offset for FY2000 and partially offset for FY2001, the two years for which most of the tax provisions are extended by law. If two years from now when we reconsider most of these provisions a on-budget surplus does not exist, I will push for an extenders package that is fully offset to ensure that we do not go into deficit as a result of tax relief measures.

The package includes several important provisions that I strongly support. The Research and Experimentation Tax Credit is important for our future international competitiveness. This tax credit provides an important incentive for our companies to research and innovate. I hope that in the near future we will update this credit to reflect current business conditions and to make it a permanent part of the tax code.

The AMT modification, the Worker Opportunity Tax Credit, and the Welfare-to-Work Tax Credit are all important provisions to help low to moderate income earners create more opportunities and to improve their living standards. I am pleased that the Finance Committee decided to include renewal of the Generalized System of Preferences in this tax package. This is a critical program for promoting growth in developing economies and for increasing international trade integration.

I strongly support the provision to extend and modify the tax credit for electricity produced by wind and biomass materials. In order to ensure energy security and address national environmental priorities such as clean air and mitigation of global climate change, it is essential that renewable energy options become more competitive. These tax provisions will ensure that renewable energy technologies will be able to compete more equitably with fossil sources such as coal and oil. However, while this package includes

modest extensions and modifications, I am disappointed that the bill does not go further by extending the credit to include landfill methane and other celulosic feedstocks.

I would like to thank Chairman ROTH and Senator MOYNIHAN for their hard work in getting this package together. It is a fiscally responsible and an appropriate package under our current fiscal situation. I urge my colleagues to support this bill.

Mr. JEFFORDS. Mr. President I am delighted to stand before you today, to speak about an extremely important piece of legislation. The bill we are sending to the President today, a bill I know he is eager to sign into law, will have a tremendous impact on people with disabilities. In fact, this legislation is the most important piece of legislation for the disability community since the Americans with disabilities Act.

My reason for sponsoring this particular piece of legislation is quite simple. The Work Incentives Improvement Act of 1999 addresses a fundamental flaw in current law. Today, individuals with disabilities are forced to make a choice . . . an absurd choice. They must choose between working and receiving health care. Under current federal law, if people with disabilities work and earn over \$700 per month, they will lose cash payments and health care coverage under Medicaid or Medicare. This is health care coverage that they need. This is health care coverage that they cannot get in the private sector. This is not right.

Once enacted, the Work Incentives Improvement Act of 1999 will allow individuals with disabilities, in states that elect to participate, continuing access to health care when they return to work or remain working. In addition, those individuals who seek it, will have access to job training and job placement assistance from a wider range of providers than is available at this time. Currently, there are 9.5 million individuals with disabilities across the country who receive cash payments and health care coverage from the federal government. Approximately 24,000 of these individuals live in my home state, Vermont. Once enacted, the Work Incentives Improvement Act will actually save the federal government money. For example, let's assume that 200 Social Security disability beneficiaries in each state return to work and forgo cash payments. That would be 10,000 individuals out of the 9.5 million individuals with disabilities across the country. The annual savings to the Federal Treasury in cash payments for just these 10,000 people would be \$133,550,000! Imagine the savings to the Federal Treasury if this number were higher. Clearly, the Work Incentives Improvement Act of 1999 is fiscally responsible legislation.

I began work on this bill 1996. Though it was a long and sometimes difficult task, many hands made light work. Senator KENNEDY, Ranking member on

the HELP Committee, joined me in March 1997. Senators ROTH and MOYNIHAN, Chairman and Ranking Member on the Finance Committee signed on as committed partners in December of 1998. Last January, 35 of our colleagues, from both sides of the aisle, joined us in introducing S. 331, the Senate version of this legislation. One week later, in a Finance Committee hearing, we heard compelling testimony from our friend, former Senator Dole, a strong supporter of this legislation. A month later, we marked this legislation out of the Finance Committee with an overwhelming majority in favor of the bill. Finally, on June 15th, with a total of 80 cosponsors, we passed this legislation on the floor of the United States Senate, with a unanimous vote of 99-0.

Four months later, over 35 of our colleagues in the House of Representatives, took to the floor of their chamber, and spoke eloquently for their version of this legislation. Later that day, the bill passed the floor of the House with a vote of 412-9. Since then, the Senate and House Conferees have been working diligently in effort to reach common ground. I am very pleased today, that the differences in policy in the two different bills have been resolved and consensus has been reached on a conference agreement. This agreement does not compromise the original intent of the legislation, retaining key provisions from S. 331.

From my perspective, the Work Incentives Improvement Act of 1999 represents a natural and important progression in federal policy for individuals with disabilities. That is, federal policy increasingly reflects the premise that individuals with disabilities are cherished by their families, valued and respected in their communities, and are an asset and resource to our national economy. Today, most federal policy promotes opportunities for these individuals, regardless of the severity of their disabilities, to contribute to their maximum potential—at home, in school, at work, and in the community.

I have been committed to improving the lives of individuals with disabilities throughout my Congressional career. Providing a solid elementary and secondary education for children with disabilities, so that they will be equipped, along with their peers, to benefit from post-secondary and employment opportunities is crucial. When I came to Congress in 1975, Public Law 94-142, the Education for all Handicapped Children Act, now the Individuals with Disabilities Education Act (IDEA), was enacted into law. IDEA assures each child with a disability, a free and appropriate public education. I am proud to be one of the original drafters of this legislation which has reshaped what we offer to and expect of children with disabilities in our nation's schools.

In addition, I have been committed to providing job training opportunities for individuals with disabilities. In

1978, I played a central role in ensuring access to programs and services offered by the federal government for individuals with disabilities through an amendment to the Rehabilitation Act. I believe that this amendment alone laid the foundation for significant legislation that followed, including the Technology-Related Assistance for Individuals with Disabilities Act of 1988, now the Assistive Technology Act of 1998, both of which I drafted. Most importantly, this legislation opened the doors for the most comprehensive piece of legislation of all, the Americans with Disabilities Act of 1990. This legislation prohibits discrimination on the basis of disability in employment, public services, public accommodations, transportation, and telephone service.

These laws have forever changed the social landscape of America. They serve as models for other countries who recognize that their citizens with disabilities are an untapped resource. In our country, individuals with disabilities are seen everywhere, doing everything. Just this past weekend, thousands of physically disabled individuals participated in the New York City Marathon, as they have been doing for years. The expectations that these people set for themselves and the standards we apply to them have increasingly been raised, and now in many circumstances equal those set and applied to other individuals.

Unfortunately, one major inequity remains. That is, the loss of health care coverage if an individual on the Social Security disability rolls chooses to work. Individuals with disabilities want to work. They have told me this. In fact, a Harris survey found that 72 percent of Americans with disabilities want to work, but only one-third of them do work. With today's enactment of the Work Incentives Improvement Act of 1999, individuals with disabilities will no longer need to worry about losing their health care if they choose to work a forty-hour week, to put in overtime, or to pursue career advancement. Individuals with disabilities are sitting at home right now, waiting for this legislation to become law. Having a job will provide them with a sense of self-worth. Having a job will allow them to contribute to our economy. Having a job will provide them with a living wage, which is not what one has through Social Security.

In addition to continuing health care coverage and providing job training opportunities for individuals with disabilities, this legislation offers many other substantial long-term benefits. The Work Incentives Improvement Act of 1999 will give us access to data regarding the numbers, the health care needs, and the characteristics of individuals with disabilities who work. Furthermore, this legislation will provide the federal government as well as private employers and insurers, the facts upon which to craft appropriate future health care options for working individuals with disabilities. It will allow

employers and insurers to factor in the effects of changing health care needs over time for this population. Hopefully, it will even improve the way in which employers operate return-to-work programs. Through increased tracking of data, we will learn the benefits of intervening with appropriate health care, when an individual initially acquires a disability. We will also learn the value of continuing health care to a working individual with a disability. If an individual, even with a severe disability, knows that he or she has access to uninterrupted, appropriate health care, the individual will be a healthier, happier and thus more productive worker.

I would like to take the time now to briefly outline the major provisions which have remained as part of this legislation. The conference agreement retains the two state options of establishing Medicaid buy-ins for individuals on Social Security disability rolls, who choose to work and exceed income limits in current law, as well as for those who show medical improvement, but still have an underlying disability. For working individuals with disabilities, the conference agreement extends access, beyond what is allowed in current law, to Medicare. In addition, the legislation before us today retains several key provisions from S. 331, including, the authority to fund Medicaid demonstration projects to provide access to health care to working individuals with a potentially severe disability; the State Infrastructure Grant Program, to assist states in reaching and helping individuals with disabilities who work; work incentive planners and protection and advocacy provisions; and finally, most of the provisions in the Ticket to Work Program.

In order to control the cost of this legislation, compromises were made. Although the purpose of the State Infrastructure Grant Program and the Medicaid Demonstration Grant Program remain the same, the terms and conditions of these grants were altered in conference. As a result, states are not required to offer a Medicaid buy-in option to individuals with disabilities on Social Security, who work and exceed income limits in current law, prior to receiving an Infrastructure or a Medicaid Demonstration Grant.

Also in Conference, the extended period of eligibility for Medicare for working individuals with disabilities has been changed from 24 to 78 months. During this extended period, the federal government is to cover the cost of the Part A premium of Medicare for a working individual with a disability, who is eligible for Medicare. S. 331 would have extended such coverage for an individual's working life, if he or she became eligible during a 6-year time period.

I would like to note two changes to the Ticket to Work program made during Conference. The new legislation shifts the appointment authority for the members of the Work Incentives

Advisory Panel from the Commissioner of Social Security to the President and Congress. In addition, language regarding the reimbursements between employment networks and state vocational rehabilitation agencies was deleted in Conference. The new legislation gives the Commissioner of Social Security the authority to address these matters through regulation.

Although several changes have been made from the original Work Incentives bill, I am still very pleased with what we are adopting today. This is legislation that makes sense, and it will contribute to the well-being of millions of Americans, including those with disabilities and their friends, their families, and their co-workers. Today's vote provides us the opportunity to bring responsible change to federal policy and to eliminate a misguided result of the current system—if you don't work, you get health care; if you do work, you don't get health care. The Work Incentives Improvement Act of 1999 makes living the American dream a reality for millions of individuals with disabilities, who will no longer be forced to choose between the health care coverage they so strongly need and the economic independence they so dearly desire.

In closing, I would like to thank the many people who contributed to reaching this day. I especially thank the conferees, Majority Leader LOTT, Senators ROTH and MOYNIHAN, and in the House, Majority Leader ARMEY, and Congressmen ARCHER, BLILEY, RANGEL, and DINGELL. I also thank their staff who worked so closely in effort to reach this day. From my staff, I thank Pat Morrissey, Lu Zeph, Leah Menzies, Chris Crowley, and Kim Monk. I want to recognize and extend my appreciation to the staff members of my three fellow sponsors of this bill; Connie Garner in Senator KENNEDY's office, Jennifer Baxendell and Alexander Vachon with Senator ROTH, and Kristen Testa, John Resnick, and Edwin Park from Senator MOYNIHAN's staff. Finally, I wish to thank Ruth Ernst with the Senate Legislative Counsel for her drafting skill and substantive expertise, her willingness to meet time tables, and most of all, her patience. In addition to staff, we received countless hours of assistance and advice from the Work Incentives Task Force of the Consortium for Citizens with Disabilities. These individuals worked tirelessly to educate Members of Congress about the need for and the effects of this legislation.

Finally, I would like to urge my colleagues in both chambers to set aside any concerns about peripheral matters and to focus on the central provisions of this legislation. Let's focus on what today's vote will mean to the 9.5 million individuals with disabilities across the nation. At last, these individuals will be able to work, to preserve their health, to support their families, to become independent, and most importantly, to contribute to their communities, the economy, and the nation.

We are making a statement, a noble statement and we must do the right thing. Let's send this bill to the President.

Mr. REED. Mr. President, I rise today in strong support of the Ticket to Work and Work Incentives Improvement Act.

I want to pay tribute to my colleagues, Senators KENNEDY and JEFFORDS, who began working on this legislation in the last Congress—effectively building support for this bill from a handful of senators to 79 co-sponsors.

I also want to commend Senators MOYNIHAN and ROTH, who have dedicated their time and effort to this important cause. They have kept the debate on this bill focused on the substance, and have prevented it from degenerating into grandstanding or partisan bickering.

But the lion's share of credit should go to the members of the disability community, who have been tireless advocates for work incentives legislation. Without their hard work, we would not be here today. This bill is the product of their grassroots activism—making a common sense idea into a national policy.

As my colleagues know, the major provisions of the Ticket to Work and Work Incentives Improvement Act are infinitely sensible. They would remove the most significant barrier that individuals with disabilities face when they try to return to work—continued access to adequate health care.

Currently, individuals with disabilities face the dilemma of choosing between the Medicare and Medicaid health benefits they need and the job they desire. Mr. President, this is not a choice at all, and it is regrettable.

According to surveys, about three quarters of individuals with disabilities who are receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits want to work. Sadly, less than one percent are actually able to make a successful transition into the workforce. A major barrier seems to be the lack of sufficient health care coverage.

By passing this legislation, we will extend eligibility for Medicare and Medicaid and provide a helping hand to individuals with disabilities who aspire to work.

Mr. President, this legislation also takes a step to help workers who are stricken with progressive, degenerative diseases, such as Multiple Sclerosis, HIV/AIDS, and Parkinson's Disease, which can be slowed with proper treatment. With the health coverage buy-in offered under this bill, these workers can continue to hold a job instead of leaving the workforce in hopes of meeting the need requirements for Medicaid coverage.

These citizens can continue to make substantial contributions to the workplace and to society while benefitting intellectually and emotionally.

With the Americans with Disabilities Act, Congress adopted legislation to

combat discrimination and remove physical barriers from the workplace. Now, we have the chance to lift yet another barrier to work, the loss of health care coverage.

In my home state of Rhode Island, more than 40,000 individuals with disabilities could benefit from the work incentives bill. Across the country, more than 9.5 million people could be positively affected by this legislation.

Our booming economy has created millions of new jobs, and has brought thousands of Americans into the workforce for the first time. By passing this legislation, we can take another step to help a significant group of Americans participate in our national economic prosperity.

Mr. President, before I yield, I would like to briefly mention my concern about some offsets attached to this measure. As colleagues who have followed this bill know, it seemed as if there was a revolving door when it came to the consideration of offsets during the Conference. Provisions came and went and returned again.

I was pleased that a controversial offset regarding the refund of FHA upfront mortgage insurance premiums was withdrawn. This offset was essentially a \$1,200 tax on approximately 900,000 low- and middle-income families and first-time home-buyers, and the conferees were right to omit it from this bill.

Regrettably, the bill retains two other controversial offsets, which I oppose. The first is an assessment on attorneys representing clients with Social Security disability benefits claims. Although the Administration supports this offset, I believe that it will discourage qualified attorneys from taking on these complicated, labor-intensive claims cases—which already offer little remuneration to attorneys. Ultimately, this assessment will hurt those individuals trying to secure their rightful benefits, not the attorneys. I commend the conferees for taking steps to blunt the impact of this provision by capping the fee at 6.3% and requiring GAO to study the cost and efficiency of this and alternative assessment structures. Nonetheless, I still believe that this is an inappropriate offset.

The other offset changes the index for student loan interest rates from the 91-day Treasury bill to the three-month rate for commercial paper. This provision saves a modest amount of money in the short-term. Unfortunately, those savings will not be transferred to students, and the offset will actually put taxpayers on the hook if the markets turn sour. Let me add that this provision flies in the face of an agreement reached in last year's Higher Education Act Amendments. Under that legislation, we were to study the impact of this type of conversion. We are still awaiting the findings of that study, and in the absence of an authoritative conclusion, I believe it is premature to entertain this change in pol-

icy. Mr. President, setting these important concerns aside, I believe that the Ticket to Work and Work Incentives Improvement Act is a major victory for all Americans, and we should all support it. I want to again commend the leading Senate sponsors, Senators KENNEDY, JEFFORDS, MOYNIHAN, and ROTH for their tremendous work in bringing this legislation to this point, and I urge all of my colleagues to vote for it.

The PRESIDING OFFICER. Who yields time?

Mr. ROTH. Mr. President, I yield 8 minutes to the Senator from Pennsylvania.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized for 8 minutes.

Mr. SANTORUM. Mr. President, I want to pick up where the Senator from Illinois left off. I think he hit the nail on the head with respect to our concern with a provision in this bill which will create an additional moratorium for the organ allocation regulations to go into effect.

There will be a 90-day moratorium. Senator DURBIN, Senator SCHUMER, Senator MOYNIHAN, Senator SPECTER, and I, and many others have some grave concerns about its impact on thousands of people who are on transplant lists across this country and their ability to get organs in what may be the last few days of their lives. That is, unfortunately, what is going to occur. We are going to delay a system being put into place which would put a priority on the health status of the person on the transplant list as opposed to the residency status of where that person happens to be in the hospital.

It is a battle. It is an economic battle in many respects. And certainly, from some perspectives, I have transplant centers in my State that support these regulations; I have transplant centers in my State that oppose them. I look at it from the unbiased position of, what is in the best interest of the patient? For me, as Senator DURBIN just said, when 3 of the 11 people who will die today because organs are not available, when 3 of them needlessly die because we are transplanting organs that would otherwise go to them into people who are healthier and would not die but for the transplant, then we have something seriously wrong in this country. We have something seriously wrong when geography trumps patient need. That is what the current organ allocation system has.

Why has that occurred? This was a system that was put in place well over 10 years ago, when there were fewer transplant centers and when organs could not survive as long after being harvested. So geography did play an important role because the organ that was harvested had to be quickly transported to a hospital and implanted into the donee. That has changed. Now organs survive for around 4 hours, according to our transplant surgeon, Dr. FRIST, who lectured us on this a little

while ago. Now we have the ability to more broadly spread these organs out so we can reach sicker people. Yet the organ allocation system developed well over 10 years ago still focuses on geography. It may have been applicable at one time. It doesn't work anymore. People are dying as a result of it.

We have 4,000 people on transplant lists; 1,000 will die. And it is incredible to me that those will die unnecessarily—4,000 will die and 1,000 will die unnecessarily—because of our regulations.

We have gone through a moratorium on these regs. I know this is a very controversial issue. It is a controversial issue because of economics. There is no controversy anymore as to what is in the best interest of patients. Last year, when Bob Livingston was able to get a year delay as chairman of the Appropriations Committee, we said, well, the medical evidence will sustain their position that geography is the best way to do this. So we asked for a study—the study of the Institute of Medicine—to determine the findings of a non-partisan, nonbiased organization. Let me tell you what they came back with:

On the basis of the analysis of this report, it seems apparent that patients on liver transplant—

That is what they specifically looked at—

waiting lists will be better served by an allocation system that facilitates broader sharing within broader populations.

The Institute of Medicine says “broader sharing,” with geography being a lower priority factor in the decision.

This question was also put forward: Will more people die if we continue this system?

Again, the Institute of Medicine was very clear:

Increased sharing of organs would result in increasing transplantation rates for status 1 patients, the sickest patients, decreasing pre-transplantation mortality for sicker patients, which is status 2(b), and decreasing transplantation rates for status 3 patients, without increasing mortality.

That is the key. Yes, status 3, the healthier patients, will get fewer organs, but they won't die as a result of that. Yes, status 1 and 2(b) patients will get more transplantations and will live as a result of that, where they otherwise would die.

So it is clear, again, from the medical evidence the Institute of Medicine has put forward that a broader geographic sharing is the way to go. That is what these regulations dictate—that the sicker patients should get these before they die, not healthy patients who would otherwise live or would live for a long period of time without transplants.

The other issue you will hear brought up is that we need geography to be a big factor because it increases the availability of organs, that people want to donate organs in their community. The Institute of Medicine looked at this and found no convincing evidence

to support the claim that broader sharing would adversely affect donation rates, or potential donors would decline to donate because an organ might be used outside the immediate geographic area.

I have an organ donor card. I am someone who, upon my demise, wants to be able to give organs to someone else so they might live. I don't care whether it goes to somebody in Pittsburgh, or in Chicago, or in Alabama, as long as it goes to the person who needs it the most.

That brings me to my final point, on which I think we can all agree. This debate is contentious, and the reason for that is, we don't have enough organs. So I just say that we can all agree that we need to do more to encourage organ donation. People are needlessly dying because people and families have trouble at that moment of death—I know how difficult that can be—making the decision to donate the organs of somebody who is brain dead to someone else who can live as a result of that donation. Hopefully, through this discussion, we can also work on how we can broaden the availability of organs so this contentious issue of regional transplant centers will be minimized in the future.

Mr. President, with that, I yield back the remainder of my time.

The PRESIDING OFFICER. Who yields time?

Mr. MOYNIHAN. Mr. President, I have the great honor and pleasure to yield 5 minutes to the Senator from Iowa, who is so active in the Ticket to Work legislation.

The PRESIDING OFFICER. The Senator from Iowa is recognized for 5 minutes.

Mr. HARKIN. Mr. President, I thank the ranking member on the committee. I rise in strong support of the Work Incentives Improvement Act. I really want to commend my two colleagues, Senator JEFFORDS of Vermont and Senator KENNEDY from Massachusetts, for their excellent work in getting this very important piece of legislation through. I want to also thank the members of the Finance Committee—in particular, Senator ROTH and Senator MOYNIHAN—for their hard work on this legislation.

For people with disabilities all over this country, this is truly an incredible day. Congress is continuing to fulfill the promise we made to people with disabilities 9 years ago when we passed the Americans With Disabilities Act in 1990. When we passed the ADA, they told Americans with disabilities that the door to equal opportunity was finally open. And the ADA has opened doors of opportunity—plenty of them. Americans with disabilities now expect to be treated as full citizens, with all the rights and responsibilities that entails.

But our work is not finished. Far too many people with disabilities who want to work are unemployed. One of the main reasons they are unemployed is,

under the current system, people have to choose between a job and health care. I could not put it any better than a constituent of mine, a young woman by the name of Phoebe Ball. Phoebe just graduated from the University of Iowa. She was shocked when they found that if she took an entry-level job paying \$18,000 a year, she would suffer a huge loss—her health insurance.

So Phoebe wrote an article for the newspaper. I will read part of it:

I want off SSI desperately . . . I want to work. I want to know that I have earned the money I have . . .

My parents and my society made a promise to me. They promised me that I can live with this disability, and I can . . . What is limiting me right now is not this wheelchair, and it's not this limb that's missing. It's a system that says if I can work at all, then I'm undeserving of any assistance. I'm undeserving of the basic medical care that I need to stay alive.

. . . What is needed is a government that understands its responsibility to its citizens . . . then we'll see what we are capable of, then we'll be working and proving the worth of the Americans With Disabilities Act.

I could not say it any better than Phoebe just did. The Work Incentives Improvement Act is a comprehensive bill that will be the answer to Phoebe Ball's dilemma. If only 1 percent—or 75,000—of the 7.5 million people with disabilities, such as Phoebe, who are now on benefits were to become employed, Federal savings would total \$3.5 billion over the work life of these beneficiaries. That not only makes economic sense, it contributes to preserving the Social Security trust fund.

The disability community across this country and Members from both sides of the aisle have wholeheartedly endorsed this bill. Rarely do we see such broad bipartisan support. But that is because on this particular issue it is easy to agree—people with disabilities should continue to move toward greater and greater independence.

In that spirit, Senator SPECTER and I introduced the Medicaid Community Attendant Services and Supports Act earlier this week. Its shorthand name is MCASSA. This bill will build on what we are doing today with the Work Incentives Improvement Act. Ten years after the passage of the Americans With Disabilities Act, next year, we are still facing the situation where our current long-term care program favors putting people into institutions.

A person has a right to the most expensive form of care—a nursing home bed—because nursing home care is an entitlement. But if that same person with a disability wants to live in the community, he or she is going to have to face a lack of available services because community services are optional under Medicaid. Nursing home is a mandatory entitlement, but if you want to live in the community, that is optional. Well, the purpose of our bill is to level the playing field and give people with disabilities a real choice.

Our bill would allow any person entitled to medical assistance who would

go to a nursing facility to use the money for community attendant services and support. In shorthand, what our bill says is: Let the Federal money follow the person and not the program. If that person wants to use that money for community-based services and attendant services, that person with a disability ought to be able to use the money that way. If they want to use the money for a nursing home, leave it up to the individual; we should not be dictating where they ought to live and how they ought to live. As is the work incentives bill, MCASSA is rooted in the promise of ADA—equality of opportunity, full participation, independent living, and economic self-sufficiency for all.

I thank the Chair.

I thank the President.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. ROTH. Mr. President, I yield 4 minutes to the Senator from Alabama.

The PRESIDING OFFICER. The Senator from Alabama is recognized for 4 minutes.

Mr. SESSIONS. Mr. President, I thank the Senator from Delaware, and I thank him particularly for his interest on this issue and so many other issues that have been before this Senate, including all of the major tax cuts in our country in the last number of years. He has been a key player in that.

The issue before us today involves many different aspects. I believe very strongly that the organ transplant issue is critical for our Nation. We have made such magnificent progress in enhancing the availability of organs, helping people who receive those organs, and increasing the success rate of organ transplants. It has been a continual series of advancements—whether it is medication to avoid rejection, or the skill of a surgeon, and so forth. The key to that has been the magnificent services rendered by organ transplant centers all over the country.

The plan that has been directed and proposed by Secretary Shalala of HHS, which gives her, in fact, the total ability to void and dictate the regulations, that plan has been opposed and is not supported by the overwhelming number of organ transplant centers in this country. They do not believe it will save lives. They do not believe it will help the system to have Washington decide who gets organ transplants.

We have a system that is working and getting better on a daily basis, which is something of which we can be extraordinarily proud.

In Alabama, the University of Alabama at Birmingham is No. 1 in the world in kidney transplants. They are exceptionally skilled at that procedure, and is one of the great organ transplant centers in the world. Others are similar around the country. They are very uneasy about and object to this consolidation of power in the Secretary's office—a person who is not

elected by the people, and yet is about to impose regulations on the dispersement of organs in America.

This is a matter that ought to be and by law and right should be done in the U.S. Congress. The House passed a bill quite different from the Secretary's proposal. The committee met in the appropriations, and several Senators who had a view on this came up with a bill giving a 42-day window to change any rule she might pass. We will hardly be in session. We will not be in session in 42 days. Ninety days is the minimum time we can have so that this Congress can fulfill its responsibility to the health and safety of this country by having hearings and passing legitimate legislation on organ transplantation.

I would point out that the chairman of that subcommittee of the committee of which I am a member, Senator FRIST, Dr. FRIST, is one of the great organ transplant surgeons in America. He did the first organ-lung transplant in the history of the State of Tennessee. He will chair that committee. He is going to be fair on this issue.

But there is a congressional responsibility, and the minimum time we can accept is the 90 days that has been proposed.

I thank the Chair.

I hope and I am confident that will be part of this legislation.

Mr. MOYNIHAN. Mr. President, I am happy to yield 3 minutes to my colleague and friend from New York.

The PRESIDING OFFICER. The Senator from New York is recognized for 3 minutes.

Mr. SCHUMER. Mr. President, I thank the Senator for yielding time.

I rise, along with my colleagues from Pennsylvania and Illinois, very much against my colleague from Alabama on this important issue.

When somebody donates a liver or lungs or a kidney or a heart, they do not donate it in a particular area. They don't donate it and say: I want the person who lives in the State of Alabama or the State of New Jersey to have it. They donate it to do the most good.

Finally, we have come up with a solution with provisions that are fair—that say it doesn't matter where you live but rather what your need is in terms of getting an organ.

All of a sudden, to my disappointment, in the dark of night a ruling of that position was put into the legislation.

I think this is wrong. When somebody needs a liver in New York, and they need it, and their life depends on the liver, that liver should not go to someone in another State who has at least 3 years to live on their existing organs.

It is so wrong to create geographic divisions. We have learned that. The Secretary of HHS has promulgated regulations which, if I had my way, would be promulgated immediately.

My friend and colleague, who I know is very sincere in this, the Senator from Alabama, and others, put in a provision to delay this for 90 days.

I thank the Senator from Pennsylvania, Senator LOTT, and the Secretary of HHS for trying to compromise this issue so it can be fair to all.

We must and we will continue to fight, those of us who believe that organ donations should go to those who need it the most, and not those who live in a certain geographical area be given those organs.

The system has been supported by the National Academy of Sciences Institute of Medicine. It was developed by medical people and scientists. That is the way it ought to be.

We ought not hold organs hostage to political, geographic, and other divisive considerations.

Again, when somebody donates an organ, a beautiful and selfless act, it ought not be marred by politics. It ought to go to the person of greatest need, no matter where that person lives.

Mr. President, I yield the remainder of my time.

Mr. MOYNIHAN. Mr. President, I am happy to yield 3 minutes to my friend, Senator WELLSTONE.

The PRESIDING OFFICER. The Senator from Minnesota is recognized for 3 minutes.

Mr. WELLSTONE. Mr. President, I want to actually start out on a positive note by raising one question.

This Work Incentives Improvement Act is a very important piece of legislation for all the reasons my colleagues have explained. I will go through that in a moment.

I don't understand why there is in this piece of legislation a \$1.7 billion subsidy for higher education lenders. I don't understand what that is doing in this piece of legislation. We are talking about whether or not people with disabilities are going to be able to work and maintain their health care coverage. That is what is so important about this legislation. It is incredibly important to the disabilities community in my State and across the country.

I thank Senators KENNEDY, JEFFORDS, ROTH, and MOYNIHAN. But I have to raise this question just for the RECORD.

What are we doing putting a \$1.7 billion subsidy in here for higher education lenders? Students could use this money by way of expanding the Pell grant. Students could use the money by way of low interest loans. Students could use the money to make higher education more affordable. But why is this provision being linked to another piece of legislation?

I must say again that when we get back to how we conduct our business, I hope next time we will not put these kinds of provisions together. This is not the way to legislate.

I think it is a great piece of legislation. I am going to support it. But I certainly don't think we should have this \$1.7 billion subsidy for the lenders as a part of this bill.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. Mr. President, I ask unanimous consent that the voting schedule occur no later than 5 p.m. this evening, and that it be reversed so that the first vote will now occur on the adoption of the Work Incentives conference report, to be followed by the cloture vote, and finally adoption of the appropriations conference report.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MOYNIHAN. Mr. President, in the spirit of the hour, the Democratic side yields the remainder of its time to the distinguished and ebulliently happy majority leader.

Mr. LOTT. Thank you, Mr. President. It is always a great pleasure to work with the Senator from New York. It is even more fun to hear him speak. I am not sure what he said, but it sounded beautiful. I take it as a high compliment as I always do.

For the sake of a colloquy to clarify a section in the work incentives bill, I yield to Senator SANTORUM. We will have a colloquy with Senator SANTORUM, Senator SCHUMER, and myself.

Mr. SANTORUM. Mr. President, there is an issue over the language contained in section 413 of H.R. 1180 and the intent thereof that I ask the majority leader to clarify.

Mr. LOTT. Mr. President, I thank the Senator from Pennsylvania, and the Senator from New York, Mr. SCHUMER, for working with me on this and for their devotion to this important public health issue.

It is one which is important to our country and to the people that need the organ transplants. We have to try to find the best and the fairest way to deal with this issue. I am happy to clarify this issue contained in the legislative measure.

Mr. SANTORUM. I wish to clarify the language in section 413 of H.R. 1180 pertaining to the implementation of the Secretary of Health and Human Service's final rule on organ procurement and the transplantation printed in the Federal Register on October 20, 1999, specifically to ensure that this language allows, but does not require, the Secretary of HHS to revise this rule after the 90-day period beginning on the date of enactment of this act.

Mr. LOTT. Mr. President, the language will delay the rule for 90 days. That is what is required and that was my intent, from the date of enactment of H.R. 1180, in order to facilitate additional public review. It is not the intent of the legislation to cause any unreasonable delay in the formulation of necessary improvements in national organ transplant policies, but rather to permit constructive review of the information that will be available and for the Congress to review it.

Furthermore, I make clear section 413 provides that the rule is not effective until the expiration of the 90-day rule beginning on the date of enact-

ment of this act. During that 90-day period, the Secretary shall publish a notice eliciting public comments on the rule and shall conduct a full review of the comments. At the end of the period, section 413 allows, but does not require, the Secretary to make any revisions in the rule that she deems appropriate.

Mr. SANTORUM. I thank the majority leader for the clarification.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, will the Senator from Pennsylvania yield for a brief statement?

Mr. LOTT. I believe I have the time and I will yield.

Mr. SCHUMER. Mr. Leader and Senator SANTORUM, I have spoken with the Secretary of HHS and she has assured me this clarification has the support of the administration and it is something she, and it, intend to stand by.

Mr. LOTT. I thank the Senator.

Does the Senator from Alabama wish to speak?

Mr. SESSIONS. Mr. President, is it your expectation following the 90-day period during which the Secretary reviews the public comments that as of today we have not had a formal comment period, as I understand it; that the Secretary should inform the Congress of her reasons behind any final decision she would make?

Mr. LOTT. Yes, absolutely. I expect that and I believe she will do that.

Mr. SESSIONS. I wish to say that I know a lot of hard work has gone into this very contentious issue. Some said this had happened in the dead of night. What happened in the dead of night—I serve on the health committee that should be dealing with this—this 42-day rule went in. Our committee never voted on that or had hearings on it.

This at least gives our committee a narrow window of opportunity to try to deal with it. It won't be a full 90 days because we will be out half of that. It will be a narrow opportunity with Senator BILL FRIST chairing it and maybe we can work out some things that make sense. Right now I am very troubled. The overwhelming majority of the transplant centers are not happy with these rules as they are being developed. I think the Congress must speak.

I yield the floor.

Mr. LOTT. Mr. President, if I have time remaining, I yield the floor. I believe we are prepared to begin our series of votes, unless the chairman or ranking member would desire to wrap up.

The PRESIDING OFFICER. All time has expired.

Mr. ROTH. Mr. President, I would also like to quickly thank several staff members who have been working long and hard to make this bill possible.

Let me thank several members of Senator MOYNIHAN's staff—as always, they are skilled professionals who have been our partners working on this bill every step of the way.

In particular, let me thank Jon Resnick, Edwin Park, and David Podoff. And I would like to thank a former member of the Moynihan staff, Kristen Testa, who was there at the very beginning of this bill's legislative life and without whom there would not have been a Work Incentives Improvement Act.

I would also like to thank Pat Morrissey, Leah Menzies, and Lu Zeph of Senator JEFFORDS' office, and Connie Garner on Senator KENNEDY's staff. They have been tireless in their efforts on behalf of this legislation. Jennifer Baxendell and Alec Vachon from my staff worked tirelessly on this legislation and deserve special commendation.

Since this bill's inception, our staffs have worked together closely and well. I would like to thank you all for your dedication and hard work throughout all the many ups and downs this bill has faced.

Mr. President, I would also like to thank the dedicated professionals who worked so diligently to complete this year's tax legislation. First of all, I would like to thank my Finance team—Frank Polk, Joan Woodward, Mark Prater, Brig Pari, Tom Roeser, Bill Sweetnam, Jeff Kupfer, Ed McClellan, Ginny Flynn, Tara Bradshaw, Connie Foster and Myrtle Agent. I would also like to thank John Duncan and Bill Nixon from my personal staff for their commitment to seeing this process through to its successful completion.

I would also like to thank the members of Senator MOYNIHAN's Finance staff who have helped make this a bipartisan effort—David Podoff, Russ Sullivan, Stan Fendley, Anita Horn, and Mitchell Kent.

It is also important to recognize the professionals of the Joint Committee on Taxation. In particular, I would like to thank Lindy Paull, Bernie Schmitt, Rick Grafmeyer, Carolyn Smith, Cecily Rock, Mary Schmitt, Greg Bailey, Tom Barthold, Ben Hartley, David Hering, Harold Hirsch, Laurie Matthews, Sam Olchyk, Oren Penn, Todd Simmens, Paul Schmidt, Mel Schwarz, and Barry Wold.

I would also like to thank Jim Fransen and Mark Mathiesen of the Senate's Legislative Counsel office who have the thankless job of turning tax policy into statute.

Finally, I would like to thank the Treasury's Office of Tax Policy. In particular, Linda Robertson, Jon Talisman and Joe Mikrut deserve special recognition for their help in this important legislation.

On this occasion I would also like to thank the staff who worked so hard on the Medicare, Medicaid, and SCHIP reform provisions included in the Omnibus Appropriations Act. They have worked incredibly long hours, with real dedication, to develop the strong, consensus product before the Senate today. In particular, let me thank Kathy Means, Teresa Houser, Mike

O'Grady, Jennifer Baxendell, and Alec Phillips on the Majority staff.

I would also like to thank Senator MOYNIHAN's staff for their cooperation and input. Let me thank Chuck Konigsberg, Liz Fowler, Edwin Park, Jon Resnick, Faye Drummond, Kyle Kinner, Dustin May, Julianne Fisher, Jewel Harper, and Doug Steiger.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to the conference report. The yeas and nays have been ordered.

The clerk will call the roll.

The legislative assistant called the roll.

Mr. NICKLES. I announce that the Senator from Arizona (Mr. McCAIN), the Senator from Washington (Mr. GORTON), and the Senator from Oregon (Mr. SMITH) are necessarily absent.

I further announce that, if present and voting, the Senator from Oregon (Mr. SMITH) would vote yea.

Mr. REID. I announce that the Senator from Washington (Mrs. MURRAY), is absent attending a funeral.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 95, nays 1, as follows:

[Rollcall Vote No. 372 Leg.]

YEAS—95

Abraham	Edwards	Lincoln
Akaka	Enzi	Lott
Allard	Feingold	Lugar
Ashcroft	Feinstein	Mack
Baucus	Fitzgerald	McConnell
Bayh	Frist	Mikulski
Bennett	Graham	Moynihan
Biden	Gramm	Murkowski
Bingaman	Grams	Nickles
Bond	Grassley	Reed
Boxer	Gregg	Reid
Breaux	Hagel	Robb
Brownback	Harkin	Roberts
Bryan	Hatch	Rockefeller
Bunning	Helms	Roth
Burns	Hollings	Santorum
Byrd	Hutchinson	Sarbanes
Campbell	Hutchison	Schumer
Chafee, L.	Inhofe	Sessions
Cleland	Inouye	Shelby
Cochran	Jeffords	Smith (NH)
Collins	Johnson	Snowe
Conrad	Kennedy	Specter
Coverdell	Kerrey	Stevens
Craig	Kerry	Thomas
Crapo	Kohl	Thompson
Daschle	Kyl	Thurmond
DeWine	Landrieu	Torricelli
Dodd	Lautenberg	Warner
Domenici	Leahy	Wellstone
Dorgan	Levin	Wyden
Durbin	Lieberman	

NAYS—1

Voinovich

NOT VOTING—4

Gorton	Murray
McCain	Smith (OR)

The conference report was agreed to. Mr. GORTON. Mr. President, had I been present for the vote on the conference report on H.R. 1180, I would have voted "no." I would have done so in spite of my high approval of most of the tax extenders and of many of the work initiative provisions. Neverthe-

less, the bill included an unwise and ill-considered new tax credit for the use of chicken waste for power production. That provision could never have survived standing alone. It is another unjustified complication in our tax code never considered by either House of Congress. It poisons the entire bill.

Mr. MOYNIHAN. I move to reconsider the vote.

Mr. LOTT. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER (Mr. SANTORUM). The majority leader.

ORDER OF PROCEDURE

Mr. LOTT. Mr. President, I ask unanimous consent that the next two votes in this series be limited to 10 minutes in length.

The PRESIDING OFFICER. Without objection, it is so ordered.

SEASONS GREETINGS

Mr. LOTT. Mr. President, once again, I thank Senators on both sides for their cooperation and for their good work this year and wish you all a Happy Thanksgiving and a Merry Christmas.

I yield the floor.

DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2000—CONFERENCE REPORT—Resumed

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative assistant read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the conference report to accompany the District of Columbia appropriations bill.

Trent Lott, Ted Stevens, Larry E. Craig, Judd Gregg, Tim Hutchinson, Don Nickles, Mike Crapo, Connie Mack, Slade Gorton, Ben Nighthorse Campbell, Arlen Specter, Pat Roberts, Chuck Hagel, Richard Shelby, Thad Cochran, and John Warner.

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that the conference report accompanying H.R. 3194, an act making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against revenues of said District for the fiscal year ending September 30, 2000, shall be brought to a close?

The yeas and nays are required under the rule. The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Oregon (Mr. SMITH), the

Senator from Arizona (Mr. McCAIN), and the Senator from Washington (Mr. GORTON) are necessarily absent.

I further announce that, if present and voting, the Senator from Oregon (Mr. SMITH) would vote yea.

Mr. REID. I announce that the Senator from Washington (Mrs. MURRAY) is absent attending a funeral.

The yeas and nays resulted—yeas 87, nays 9, as follows:

[Rollcall Vote No. 373 Leg.]

YEAS—87

Abraham	Edwards	Lugar
Akaka	Enzi	Mack
Allard	Feinstein	McConnell
Ashcroft	Frist	Mikulski
Baucus	Gramm	Moynihan
Bayh	Grassley	Murkowski
Bennett	Gregg	Nickles
Biden	Hagel	Reed
Bingaman	Harkin	Reid
Bond	Hatch	Robb
Boxer	Helms	Roberts
Breaux	Hollings	Rockefeller
Brownback	Hutchinson	Roth
Bryan	Hutchison	Santorum
Bunning	Inhofe	Sarbanes
Burns	Inouye	Schumer
Byrd	Jeffords	Sessions
Campbell	Johnson	Shelby
Chafee, L.	Kennedy	Smith (NH)
Cleland	Kerrey	Snowe
Cochran	Kerry	Specter
Collins	Kyl	Stevens
Coverdell	Landrieu	Thomas
Craig	Lautenberg	Thompson
Crapo	Leahy	Thurmond
Daschle	Levin	Torricelli
DeWine	Lieberman	Voinovich
Dodd	Lincoln	Warner
Domenici	Lott	Wyden

NAYS—9

Conrad	Feingold	Grams
Dorgan	Fitzgerald	Kohl
Durbin	Graham	Wellstone

NOT VOTING—4

Gorton	Murray
McCain	Smith (OR)

The PRESIDING OFFICER. On this vote, the ayes are 87, the nays are 9. Three-fifths of the Senators duly chosen and sworn having he voted in the affirmative, the motion is agreed to.

FISHERIES RESEARCH VESSEL

Mr. LOTT. Mr. President, the NOAA budget includes \$51.56 million in funds to procure the first of four state-of-the-art fishery research vessels to conduct critical research on our Nation's fishery resources. This is an important step in providing for sustainable fisheries for our fishermen, U.S. trade, and U.S. consumers. It is my understanding that these ships will be some of the most technically complex research vessels in the world. It is critical that the procurement of these ships reflect this complexity, and that all U.S. shipbuilders with technical expertise in oceanographic research ships will have the opportunity to offer their expertise to the Government. Is it the Senator's understanding that this solicitation will be open to all U.S. shipbuilders, without set-asides that limit competition?

Mr. STEVENS. The Majority Leader is correct. In providing for the first of these ships to be built, we understood that the public will benefit from free and unrestricted competition on this vessel. The demands placed on our fishery management system dictate that